

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

INFORMATION DISCLOSURE STATEMENT BY APPLICANT (use as many sheets as necessary)		Complete if Known			
		Application Number	10/675,032		
		Filing Date	September 30, 2003		
		First Name Inventor	Scott Ternovits		
		Group Art Unit	3611		
		Examiner Name	Unknown		
Sheet	1	of	2	Attorney Docket Number	010394-9071-00

U.S. PATENT DOCUMENTS				
Examiner Initials		U.S. Patent Document Number	Name of Patentee or Applicant of Cited Document	Date of Publication of Cited Document
CJ		3,325,929	W.J. Mauchline	6/20/1967
		4,557,064	Thompson	12/10/1985
		6,059,249	Scatterday	5/9/2000
		6,203,878	Davis et al.	3/20/2001
		774,036	D.W. Burgess	11/1/1904
		4,934,648	Yuch	6/19/1990
		5,890,603	Arguin et al.	4/6/1999
		5,678,792	Arguin et al.	10/21/1997
		5,495,644	Mesher et al.	3/5/1996
		6,357,154	Pfendler et al.	3/19/2002
		6,286,800	Junius et al.	9/11/2001
		6,273,374	McDuffey	8/14/2001
		6,257,422	Rios	7/10/2001
		4,836,489	Chu	6/6/1989
		4,773,545	Jones	9/27/1988
CJ		4,629,075	Hutten	12/16/1986
		4,105,127	Holl	8/8/1978

Examiner Signature	<i>Cassandra Davis</i>	Date Considered	2/4/05
--------------------	------------------------	-----------------	--------

EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

Burden Hour Statement: This form is estimated to take 2.0 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer. Patent and Trademark Office, Washington, DC 0231.

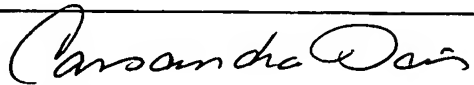
DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box Alexandria, VA 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

Substitute of form 1449/PTO				Complete if Known	
INFORMATION DISCLOSURE STATEMENT BY APPLICANT <i>(use as many sheets as necessary)</i>				Application Number	10/675,032
				Filing Date	September 30, 2003
				First Name Inventor	Scott Temovits
				Group Art Unit	3611
				Examiner Name	Unknown
Sheet	2	of	2	Attorney Docket Number	010394-9071-00

U.S. PATENT DOCUMENTS				
Examiner Initials		U.S. Patent Document Number	Name of Patentee or Applicant of Cited Document	Date of Publication of Cited Document
cn		3,797,076	Watkin	3/19/1974
cd		3,073,056	R.Russell	1/15/1963

FOREIGN PATENT DOCUMENTS							
Examiner Initials		Country Code	Foreign Patent Document Number	Name of Patentee or Applicant of Cited Document	Date of Publication of Cited Document	Translation	English Abstract

Examiner Signature		Date Considered	2/4/05
--------------------	---	-----------------	--------

EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

Burden Hour Statement: This form is estimated to take 2.0 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer. Patent and Trademark Office, Washington, DC 0231.

DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box Alexandria, VA 22313-1450.